

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/585286

FILING DATE

3-23-09

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		12				
14		12				
15		0				
16	1					
17	1					
18	1					
19		0				
20		0				
21		0				
22		0				
23		0				
24	1					
25	1					
26	1					
27		3				
28		0				
29	1					
30	1					
31		3				
32		0				
33		0				
34	1					
35	1					
36	1					
37		2				
38		0				
39		0				
40		0				
41		0				
42	1					
43	1					
44		0				
45		0				
46	1					
47	1					
48	1					
49		3				
50		0				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 1 st AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		0				
52		0				
53	1					
54	1					
55	1					
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78			1			
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94			1			
95						
96						
97						
98						
99						
100						
TOTAL IND.			2			
TOTAL DEP.			18			
TOTAL CLAIMS			20			